

Gasior Declaration

Exhibit H-154-6

EXHIBIT F

FEB
MCCULLAGH

NEW YORK

state department of

Commissioner

December 9, 2013

Office of Administrative Hearings
 NYS Office of Temporary & Disability Assistance
 P.O. Box 1930
 Albany, NY 12201-1930

Executive Deputy Commissioner

RECEIVED

DEC 11 2013

ROCKLAND COUNTY
DEPT. OF SOCIAL SERVICES

RE: DOH Court Case Reimbursement
 Appellant's Name: Jackson Maione c/o Tasha Ostler
 Fair Hearing Number: 6223734H
 Hearing Date: 12/16/2013

To Whom It May Concern:

This will acknowledge receipt of the notice that the above fair hearing is being scheduled for Tasha Ostler (parent) on behalf of Jackson Maione (appellant). This information is submitted in relation to the hearing and submitted in lieu of personal appearance.

Claims were submitted to our office in 2013 for reimbursement for services rendered to the appellant. A completed form OHIP-0031 - Claim Transmittal Form was not submitted with the receipts; therefore New York State Department of Health (DOH) staff completed a Form OHIP-0031 based on those receipts that we interpreted to be legitimate Medicaid claims. The claim, as outlined in the schedule below, was processed on August 23, 2013.

Provider	Date of Service	Description of Service	Total Charged	Appellant Paid (after private insurance)	Amount DOH Paid Apellant	Reason
Varies	Varies	Physician Service Copays	\$1,209.00	\$152.43	\$0.00	MA does not pay copays.
Mt. Kisco Medical Group	3/1/11 - 10/28/11	Physician Service Copays	Not specified	\$240.00	\$0.00	MA does not pay copays.
Drug World of West Nyack	3/30/11 - 3/26/13	Prescription drugs	Not specified	\$367.24	\$41.54	MA pays up to the MA rate for the prescription. Missing NDC codes. Claims after the Krieger period.
No. Westchester Hospital	4/14/11 - 12/1/11	Breast pump rental	\$360.00	\$360.00	63.00	Payment for 1 claim was processed based